

Application for an Emergency Use Permit for Groundwater (Drought)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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Emergency Use Permit Application Processing

ORS 536.700-780 and OAR 690-019-0040(1) authorize the Director, after the Governor declares that a severe, continuing drought exists, to issue emergency-use permits to replace water not available under an existing right because of the drought. Each application must be for use in a designated drought area.

1. Completeness Determination

The Department evaluates whether the application and accompanying map contain all of the information required under OAR 690-019-0040, OAR 690-019-0050, and OAR 690-019-0100 (www.oregon.gov/owrd/law). When an application does not contain all the information and supporting material required by the application form and these rules, the application will be declared incomplete, and the applicant notified. Additionally, the application may be returned with a request for additional information, and the applicant will have 30 days to complete the application. If the applicant fails to complete the application within 30 days, it will be rejected.

2. Public Notice

Public notice of receipt of emergency use applications and approval of such applications will be included in the Department's regular public notice of applications.

3. Final Order Issued

The Director shall approve an application for emergency water use upon findings that the proposed use will not cause injury to existing water rights and will not impair or be detrimental to the public interest. In evaluating whether the proposed use will impair or be detrimental to the public interest, the Director shall consider the factors described in OAR 690-310-0120 and OAR 690-310-0130.

Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050, ORS 537.615 & OAR 690-019-0040)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

- SECTION 1: APPLICANT INFORMATION AND SIGNATURE
- SECTION 2: PROPERTY OWNERSHIP
- SECTION 3: WELL DEVELOPMENT
- SECTION 4: WATER USE
- SECTION 5: WATER MANAGEMENT
- SECTION 6: DROUGHT INFORMATION
- SECTION 7: KLAMATH BASIN WELL INFORMATION

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Attachments:

- Fees - Amount enclosed: \$ 600
\$200 Examination fee
\$400 Recording fee for the first Cubic Foot per Second (CFS) or fraction thereof, and \$100 for each additional CFS or fraction thereof
** one CFS equals 448.831 gallons per minute*

Provide a map and check that each of the following items is included:

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
- Location of main canals, ditches, pipelines or flumes
- Other _____

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME Marc Staunton		PHONE (HM)	
PHONE (WK) 541-891-7493	CELL 541-891-7493	FAX	
ADDRESS 22217 Stateline Rd			
CITY Malin	STATE OR	ZIP 97632	E-MAIL smstaunton@gmail.com

Organization Information

NAME Staunton Holding LLC		PHONE		FAX
ADDRESS 22217 Stateline Rd			CELL 541-891-7493	
CITY Malin	STATE OR	ZIP 97632	E-MAIL smstaunton@gmail.com	

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME		PHONE		FAX
ADDRESS			CELL	
CITY	STATE	ZIP	E-MAIL	

Note: Attach multiple copies as needed

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well. Acceptance of this application neither guarantees an emergency use permit will be issued nor indicates that a permanent water right may be obtained.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

I (we) affirm that the information contained in this application is true and accurate.

 Sidney Marc Staunton
Applicant Signature

Sidney Marc Staunton
Print Name and title if applicable

4/1/2021
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. _____	Permit No. _____	Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

There are no encumbrances.

This land is encumbered by easements, rights of way, roads or other encumbrances.

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For

I have a recorded easement or written authorization permitting access.

I do not currently have written authorization or easement permitting access.

Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).

Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (attach additional sheets if necessary).

Klamath Irrigation District (KID)

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Lost River	6 miles	

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (attach additional sheets if necessary).

No new information, well is in good working condition.

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SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: 1

Total maximum rate requested: 0-9.75 cfs (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 56425	<input type="checkbox"/>	16	16			70 ft	Lost River	375	1200	90 ac/ft
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.

** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.

*** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
irrigation	April 15 - Oct 31	1 AF

Rights affected by drought:

County in which use will occur: Klamath (if the right is located in Klamath Basin/County you must complete section 7)

Please indicate the total number of acres to be irrigated (must match map): 78 acres

List the Permit or Certificate number(s) of the water right(s) affected by drought: KID

Indicate the maximum number of acre-feet you expect to use in an irrigation season: 78

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SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

Pump (give horsepower and type): 50 hp

Other means (describe):

Pump well water through temporary pipe until reach D-14 irrigation canal. Discharge water into canal and pressurize at D-14 pumpsite

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.

No new construction, use existing D-14 structures

B. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; and prevent the discharge of contaminated water to a surface stream.

Needing to keep garlic crop alive until surface water is available. Only pumpsite on the D-14 so can measure meter on well and flowmeter at pumpsite

SECTION 6: DROUGHT INFORMATION:

Explain how drought conditions have created an inability to obtain water under your existing right(s), and any other remarks to clarify any other information (*attach additional sheets as necessary*).

Due to drought, Irrigation District
is unclear of available water

Garlic is the crop. Needs water in
Spring.

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SECTION 7: KLAMATH BASIN/COUNTY WELL INFORMATION

A functioning, totalizing flowmeter will be required for any drought permits issued. Is there currently a flowmeter installed on each of the PODs listed in the table in Section 3 of this application? Yes No*

*Please note that watermaster staff will visit the well to confirm flowmeter presence prior to issuance of an emergency drought groundwater permit. Where possible, watermaster staff will take a static water level measurement. Alterations to the well head may be required in order to make the water level measurements and these may be conditions of the permit.

For each well, please provide a description of the flowmeter location, the serial number, the current flowmeter reading and the date the reading was taken in the table below.

OWNER'S WELL NAME OR NUMBER.	WELL TAG NUMBER (IF AVAILABLE)	WELL LOG ID (E.G., KLAM 1234)	FLOWMETER SERIAL NUMBER	FLOWMETER READING	FLOWMETER DATE	FLOWMETER LOCATION
32499	101521	56425	09-07424	840248	3.25.2021	well site

Date _____

(For staff use only)



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 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
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WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- Fees _____

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MAP

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for supplemental irrigation or nursery
- Location of main canals, ditches, pipelines or flumes
- Other _____

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For each well, please provide a description of the flowmeter location, the serial number, the current flowmeter reading and the date the reading was taken in the table below.

OWNER'S WELL NAME OR NUMBER	WELL TAG NUMBER (IF AVAILABLE)	WELL LOG ID (E.G., KLAM 1234)	FLOWMETER SERIAL NUMBER	FLOWMETER READING	FLOWMETER DATE	FLOWMETER LOCATION
Well Measurement			Flowmeter Info			
Date	4/1/21				Brand	McCrometer
Time	1340				Serial #	09-07424-08
Hold	75				Reading	840,248
Cut	0.49				Multiplier	0.001
MP Height	1.4				Units	AF
WL =	74.09	± BLS				

Klam 56425

42.0297
-121.5016
Revised 1/26/2021

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Oregon Water Resources Department
Well Report Query

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Well Report Query Results *GPS points, where available are at the far right of the table. Click link to view on map*

Well Log: KLAM 56425

Well Log	Details	T-R-S/ QC-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation	Community	Livestock	Industrial	Injection	Thermal	De-watering	Piezometer	Latitude/ Longitude	
KLAM_56425 Groundwater Info	Details	41.00S-11.00E-2 NW-SW	1100	23423 OLD MALIN HWY, MALIN	HALPENNY, JAMES 8769 DESCHUTES RD PALO CEDRO CA 96073			W	106.00	375.00	67.0	3000.0	09/30/2007	12/31/2007	LAND OWNER LAND OWNER	161951	101521	✓						✓									42.0292, -121.5016

[Download Data](#)

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95248 START CARD # 161951

(1) LAND OWNER Owner Well I.D. First Name James Last Name Halpenny Company Address 8769 Deschutes Rd. City Palo Cedro State CA Zip 96073

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 375 ft. BORE HOLE table with columns Dia, From, To, Material, SEAL, Amt, S

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd table with checkboxes

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns Perf/S creen, Casing/ Liner, Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 69 °F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe below) [] No From To Description Amount Units

(9) LOCATION OF WELL (legal description) County KLAMATH Twp 41 S N/S Range 11 E E/W WM Sec 2 NW 1/4 of the SW 1/4 Tax Lot Tax Map Number R-4111-00200-01100-000 Lot Lat Long Street address of well Nearest address 23423 Old Malin Hwy Malin, Oregon

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well/ Predeepening Completed Well 09-30-2007 67 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 106 SWL Date From To Est Flow SWL(psi) + SWL(ft) table

(11) WELL LOG Ground Elevation 4,068 Material From To table with entries like sandy topsoil, clay with sand, etc.

Date Started 04-01-2004 Completed 09-30-2007

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number Date 12/23/07 Signed James R. Halpenny

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number Date Signed Contact Info (optional)

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95248 101 \$21

START CARD # 161951

(1) LAND OWNER Owner Well I.D. First Name James Last Name Halpenny Company Address 8769 Deschutes Rd. City Palo Cedro State CA Zip 96073

(9) LOCATION OF WELL (legal description) County KLAMATH Twp 41 S N/S Range 11 B E/W WM Sec 2 NW 1/4 of the SW 1/4 Tax Lot Tax Map Number R-4111-00200-01100-000 Lot Lat Long Street address of well (c) Nearest address (e)

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy Depth of Completed Well 375 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Rows: 22 0 98 Cement 0 98 126 S; 16 98 255; 12 255 375

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stil Plate Wld Thr

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perfor Screen Casing/Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailor [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Temperature 69 °F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe) [] No From To Description Amount Units

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 09-30-2007 67

WATER BEARING ZONES Depth water was first found 106 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation 4,068 Material From To sandy topsoil 0 7 clay with sand 7 8 sandy soil 8 19 basalt 19 22 gray rock with gray clay 22 35 brown clay and sand 35 40 brown clay 40 58 gravel 58 64 gravel and clay 64 65 brown clay 65 70 brown sandstone 70 75 brown clay 75 80 brown clay and black lava 80 90 brown sandstone 90 92 fractured sandstone 92 106 gray basalt 106 128 fractured basalt 128 185 red and black lava 185 195 black and brown lava 195 227

Date Started 04-01-2004 Completed 09-30-2007

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number Date 12/23/07 Password: (if filing electronically) Signed James R. Halpenny

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number Date Password: (if filing electronically) Signed Contact Info (optional)

KLAM 56425

KLAM
56425

WATER SUPPLY WELL REPORT -
continuation page

WELL ID.# L 95248
START CARD # 161951

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		
○			□				○	○		

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
broken red and black lava	227	235
basalt with lava	235	290
basalt	290	308
fractured basalt with traces of sandstone	308	310
basalt	310	326
gray and brown lava	326	329
basalt and brown lava	329	331
basalt	331	338
fractured basalt	338	344
gray basalt	344	352
basalt with red lava	352	375

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Comments/Remarks

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